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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Charles A. Marmor, II

FIRM/COMPANY: U.S. Patent and Trademark Office /
Mail Stop Amendment

FACSIMILE NUMBER: 703.872.9306

CONFIRMATION TELEPHONE: 703.308.0858 (receptionist) or
703.305.3521 (C.A. Marmor)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: December 17, 2004

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-00302

TOTAL # OF PAGES: 14
(INCLUDING COVERSHEET)

MESSAGE: Attached is a *Supplemental Amendment and Response to the Office Action mailed 6/15/2004 and Terminal Disclaimer* in connection with patent application Serial No. 10/650,027, filed August 27, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **ELECTROSURGICAL BIOPSY DEVICE
AND METHOD**

Serial No.: 10/650,027

Filed: August 27, 2003

Atty. Docket No.: R0367-00302

) Examiner: C. A. Marmor, II

) Group Art Unit: 3736

) **TRANSMITTAL**

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9306, addressed to Examiner C.A. Marmor, II, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 17, 2004, in San Francisco, CA.

Anne Marie Leahy

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a ^{Supplemental} Amendment and Response to Office Action Mailed 06/15/2004 and Terminal Disclaimer by Attorney.

2. Claim Fee Calculation

X No additional claim fee is required.
 _____ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	5 - 5 =	0 x	\$100=	\$-0-
Total Claims	2202	33 - 33 =	0 x	\$25=	\$-0-

Fees Due.....\$ -0-

3. Additional fees: Terminal Disclaimer fee under 37 CFR 1.20(d).....\$55

Total Fees Due..... \$55

4. Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.
X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00302.
 A duplicate copy of this document is enclosed.

By: _____

Edward J. Lynch

Registration No. 24,422

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 Direct Dial: (415) 371-2267
 Facsimile: (415) 371-2201
 SF63074.1

PATENT

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In re the application of *Burbank et al.*For: **ELECTROSURGICAL BIOPSY DEVICE
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Ann Marie Leary

Mail Stop Amendment
Commissioner for Patents
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Examiner: C. A. Marmor, II

For: ELECTROSURGICAL BIOPSY DEVICE
AND METHOD

Group Art Unit: 3736

Serial No.: 10/650,027

**SUPPLEMENTAL AMENDMENT
AND RESPONSE
TO OFFICE ACTION MAILED
06/15/2004**

Filed: August 27, 2003

Atty. Docket No.: R0367-00302

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Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 17, 2004, in San Francisco, CA.Anne Marie Leav
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Communication mailed on November 22, 2004 and in further response to the Office Action mailed June 15, 2004, the applicants hereby resubmit the entire Amendment to the claims section of the non-compliant amendment filed on September 14, 2004. The claim amendments have been corrected to include permissible status identifiers.